

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18110

State File No. ....

Registrar's No. 253

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County **Wasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution:  
**21st & Main Sts**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **55 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs Mary Swinsberger Gobar**

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **W. E.** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **October 1st 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**70 7 0** hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **L. A. Swinsberger**  
13. Birthplace **Alsace Lorraine**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johanna Christman**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. E. Gobar**  
(b) Address **2220 Penn Street, Joplin, Mo**

17. (a) **Burial** (b) Date thereof **May 4, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Thronhill-Dillon Mortuary**  
(b) Address **Joplin, Missouri**

19. (a) **5-4-43** (b) **Gustavo Sushoeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2220 Penn Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st**  
year **1943** hour **11:05 P.** minute **M.**

21. I hereby certify that I attended the deceased from .....

**Saw Her dead** to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Spinal fracture broken neck compound fracture of left leg**

Due to **Struck by automobile while crossing street at intersection on foot**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1700-8**

Of autopsy .....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **May 1, 43**  
(c) Where did injury occur? **Joplin, Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury **Carriage No 2**

23. Signature **W. E. Gobar** (M. D. or other) **May 4, 43**  
Address **Carriage No 2** Date signed

43-5-436

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*David Dillon*

Licensed Embalmer No. 3898

P. O. Address.....

*Joplin, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**